

15-1208.

(a) (1) ~~[(A) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (E) OF THIS SECTION,~~ A carrier may not limit coverage under a health benefit plan for a preexisting condition.

(2) An exclusion of coverage for preexisting conditions may not be applied to health care services furnished for pregnancy or newborns.

(b) (1) This subsection does not apply to a late enrollee if:

(i) the individual requests enrollment within 30 days after becoming an eligible employee;

(ii) a court has ordered coverage to be provided for a spouse or minor child under a covered employee's health benefit plan; or

(iii) a request for enrollment is made within 30 days after the eligible employee's marriage or the birth or adoption of a child.

(2) Notwithstanding subsection (a) of this section, a late enrollee may be subject to a 12-month preexisting condition provision or a waiting period until the next open enrollment period not to exceed a 12-month period.

(c) A health benefit plan that does not use a preexisting condition provision may impose on enrollees:

(1) a waiting period not to exceed 90 days; or

(2) for 1 year, a surcharge not to exceed 1.5 times the community rate established in accordance with § 15-1205 of this subtitle.

(d) For a period not to exceed 6 months after the date an individual becomes an eligible employee, a health benefit plan may require deductibles and cost-sharing for benefits for a preexisting condition of the eligible employee in amounts not exceeding 1.5 times the amount of the standard deductibles and cost-sharing of other eligible employees if:

(1) the employee was not previously covered by a public or private plan of health insurance or another health benefit arrangement; and

(2) the employee was not previously employed by that employer.